

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **10612**Registration District No. **167**Primary Registration District No. **5233**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Cedar**
(b) City or town **Rural Madison**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2**
(Specify whether
In this community **all of life**
years, months or days)

3. (a) PRINT FULL NAME **Ida Lee Gordon**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Ora Gordon** 6. (c) Age of husband or wife if alive **56** years
7. Birth date of deceased **July 20, 1873**
(Month) (Day) (Year)

8. AGE: Years **67** Months **7** Days **14** If less than one day
hr. _____ min. _____

9. Birthplace **Saline Co., Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **James Remington**
13. Birthplace **Ky.**
(City, town, or county) (State or foreign country)
14. Maiden name **Virginia Hogsett**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Ora E. Gordon**
(b) Address **Stockton, Mo.**

17. (a) **Stockton** (b) Date thereof **3-6-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Stockton**

18. (a) Signature of funeral director **H. C. Davis & Co.**
(b) Address **Stockton, Mo.**

19. (a) **March 9, 1940** (b) **B. A. Chuk**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cedar**(c) City or town **Stockton**
(If outside city or town limits, write "RURAL")(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **4**
year **1940** hour **12** minute **30** P. M.

21. I hereby certify that I attended the deceased from **February 5,**
1940 to **March 1,** 1940;
that I last saw her alive on **March 1,** 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral hemorrhage

Duration

3 days

Due to _____

Due to _____

Other conditions **Coronary thrombosis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **none**

Of autopsy **none**

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **Benard C. Adler** (M. D. or other) **M.D.**

Address **Stockton, Mo.** Date signed **4/7/40**

RECEIVED
District Health Officer No. 7,
District File Number 4-40-551
Date Filed 4-8-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 10612

Registration District No. 167

Primary Registration District No. 2233

Registrar's No.

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Madison, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Ida Lee Gordon

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex 7

5. Color or race W

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive year

7. Birth date of deceased

July 20 1873
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

68

7

14

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

B. A. Clark
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Mar day 4
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.
Immediate cause of death

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(e) Means of injury

23. Signature Bernard Adler M. D. or other
Address Stroton Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

5-10612